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Indian Catholic
Medical Missions
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Indian Catholic Medical Missions

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Women-Doctors.

At one time when devoted Catholic men and women came on the Missions, it was with the expectation and even he hope of martyrdom. Yet, of the three best known Saints who thus invited martyrdom, none obtained the palm: S. Francis of Assisi, S. Francis Xavier, and S. Teresa. The second went the nearest to it, as he died undoubtedly of his rduous labours and incessant journeyings under a tropical un. Nowadays it is as easy and as cheap to get from England o India or even China, as it was to get to Rome then, and yet ver 30 Anglo-Saxon kings made the pilgrimage to Rome. There is comparatively little chance of martyrdom now, apparently, and modern medicine is robbing even tropical diseases of much of their terror. The missionary woman of to-day is alled to tread on all temptations to mental ease and intellecual sloth, and convert herself into a professional woman. eaching and nursing are professions in which religious vomen have long served God. Owing to certain regulations of he Church, medicine in its fulness, i.e., in the three branches of physic, surgery and obstetrics, including operations of a grave nature, cannot be practised by those under vows. The ime has come when our missionaries are themselves eagerly eeking the co-operation of doctors. Men-doctors are needed dly in Africa and China, women-doctors everywhere, but of all in Muhammadan countries such as Persia M amia and India. Hindus are not so stri

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their women, but even they much prefer women-doctors . their womenfolk. It is the same with the Chinese. Most ghastly cases occur, not yearly, but daily, in all large Eastern towns Young wives of 14 years of age, mothers of large families di of puerperal fever, or of complications any operating surgeo could have dealt with. Many die of blood-poisoning which an good trained midwife could have prevented. Babies suffer un heard of tortures before finally losing their little lives, and losing also all chance of baptism. Besides maternal cases, there are large numbers of cases of ordinary illnesses, accidents, falls downstairs, bad burns sometimes intentionally inflicted, every form of malignant disease, blindness and lameness dating from neglect in infancy. It is interesting to note that our Lord (S. John ix.), S. Paul (Acts xiv-7), S. Peter and S. John (Acts iii-2) all cured such cases, which are excessively common in Eastern lands to-day. We are, then, "following afar off" when by ordinary means of prevention or cure we work the same results that our Lord and His Apos tles wrought miraculously. "If any man will serve Me, le him follow Me."

Looked at from the spiritual as well as the humane poin of view, it is only natural that the poor pagan woman shoul love the Christian women who come to her aid in bitter need. I do not say that all one's patients become converts, but as a matter of fact many do. When it is remembered that, even as converts, they must be almost entirely instructed by their own sex, the importance of women as missionaries must be realised. Only women are allowed to penetrate behind "the curtain." It is death for a man, not of the family, to force his way in. Where the women remain persistently heathen or Muhammadan, little progress can be made in the conversion of their boys and men. Christian mothers mean Christian families. How important it is, then, to reach the mothers!

But a woman-doctor is by no means limited to women' special troubles: Protestants give her ample scope in surge ...anced medicine and moreover welcome her advice ...tion in the arrangements of their schools.

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Household Medical Missions.

In a sense every European in the East is a medical missionary. The man who insists on his stables being kept clean, the lady who visits her kitchen regularly, the mother who teaches an *ayah* how to take care of children,—all of these have been doing useful work in the East for two or three hundred years. It must not be forgotten that the first people who settled in the East were almost without exception Catholics; Spain went across the ocean to the setting sun, Portugal and France down to the south and round the Cape of Good Hope to the rising sun, but all three built sanctuaries where Mass was said at dawn and Vespers sung as eventide drew on. The Dutch and the English followed hard on their footsteps, and were the first discoverers or settlers in such cases as Tasmania, New Zealand, Tahiti, part of China, Calcutta, Virginia and New England. They brought their Protestant religion with them, a fact which has borne very hardly on the Catholics they found in India and part of China. Indeed the realisation of the hardships experienced by the Catholics of a country which, through the fortune of war, passes over into Protestant hands, often tends to the conversion of the fair-minded Anglican or Presbyterian, whom the idea strikes for the first time.

Now, Protestants have distinguished themselves of recent years by the success of their medical missions, a success in the way of conversions as well as of striking physical cures; but we must remember that long before they woke up to their duty to the East, Catholic priests and convents had been, by the mere force of example and the training of their servants and the children of their schools, exercising a medical mission. When the English began to conquer the South of India, and to spread inwards from Bombay on the one hand and Madras on the other, they, though Protestants, usually found their first servants and the native nurses for their womenfolk and chil[illegible] in the "boys," bearers, and *ayahs* taught at Cath[illegible] and themselves Catholic. It is well to [illegible]

because Catholic women's work in India is still mainly School work, and in view of our being at present rather behind Protestants as regards Hospital work, we must point out that at present there is going on the return swing of the pendulum, and educational work on the lines of teaching hygiene, sanitation, and all that goes by the name of preventive medicine, besides such practical work as first-aid and home-nursing, is now being urged on even in Government Vernacular Schools. It is indeed the most ordinary prudence to prevent sickness rather than to direct all our efforts and vast sums of money to the curing of it. Indeed, the ravages of plague, since the days when the writer came out among the first doctors to be sent to combat it in the alarming fresh outbreaks of 1897-98, have clearly shewn how difficult it is to combat such a disease by curative methods only. In the last years of last century, the bacillus of plague was found, and its carrier, from the rat to the human being, found to be the flea. It became evident, therefore, that means of prevention, while including the medical procedure of preventive inoculation, also included the destruction of both the rat and (if possible) the flea. Now if human beings are numbered in India by millions, the number of rats must run to trillions, and it would be an astronomer's task, mathematically speaking, to estimate the numbers of fleas! It is fairly clear, therefore, that the cleanly kept convent school, educating the housewives of the future in sweet household ways, is a most important factor, from the point of view of national hygiene and the prevention of epidemics.

Doctors and Schools.

On educational lines, however, improvements can still be made, and one object of the present pamphlet is to show that Catholic Missions have reached the stage where, even from the point of view of their schools, the aid of fully-qualified doctors, both men and women, might be very useful. True, the actual ...ing of hygiene, personal and domestic, to boys and girls, ...ration of text-books on the subject for their use, ...ed teacher rather than the doctor. F...

doctors, for example, make enough use of the blackboard in lecturing, and few use language simple enough even for young teachers. Still, the continued teaching of generation after generation of teachers or pupils, by teachers *who are not doctors*, is apt to issue in a very stereotyped sort of hygiene, and gradually, one of antiquated methods. Burns, for example, are no longer treated with 'carron oil', as mentioned in almost every first-aid text-book: at large works it is kept, but no school or household has it ready at hand, and it is not used at hospitals. Again, artificial respiration is now done by newer and more effective methods than those in most first-aid manuals; and I never yet saw a popular manual which mentioned that this procedure was equally necessary for patients nearly asphyxiated by hanging, by noxious gases at the bottom of a well, or by grave electric shock, as for drowning. Drowning is, no doubt, an accident better known to school children; but we must remember that children grow up, and enter ordinary human life, in which live wires (to take the last instance) form a danger as well as rivers in flood or bathing pools. To take up another point, books on hygiene are very few of them written for India. A doctor is needed who will give occasional courses of hygiene and first-aid,—a woman doctor especially who will not deem herself superior to domestic hygiene, matters of diet, *cuisine*, and the preservation of food among Indian servants and methods, and with an Indian climate. In the view of many, it would be excellent if not only all young teachers, whether novices or seculars, could attend such courses, but also those in training as infirmarians in boarding-schools. Otherwise old-fashioned remedies, long superseded by better and more scientific, cleaner or less drastic and unpleasant methods, are apt to maintain themselves, in institutions where young infirmarians are trained only by senior infirmarians.

There are many who think that no girl should get a diploma as a Teacher, until she has spent at least six months in a Children's Ward or at least a Dispensary; and of ... wives the same might be said. No profession ... rashly entered upon as that of motherhoo...

Missions, some at least of the doctor's work consists of teaching, and the Government is also adopting these lines. There is really no reason why, in general matters, the doctor need belong to the same religious denomination as those taught; and in large places, no doubt, many Catholics attend popular lectures. It is in isolated places that our schools would benefit most from the help of a Catholic woman-doctor, one who would put their claims first, instead of, as is apt to be the case with Protestant or pagan officials, last.

Medical Inspection of Schools.

The great interest taken by Catholics in their schools, and the sacrifices they make to maintain them, must be the writer's excuse for dwelling on the subject of schools from yet another point of view. Convents are, by the derivation of the word, places where people come together; and all gatherings and places of meeting, especially under roofs or inside walls, have their own special dangers from the medical standpoint. We have read lately how many churches were closed in America during a recent epidemic of influenza. A curious incident occurred in New Zealand, when a school manager (who only held a very subordinate post on a railway) addressed, by letter, a rather abusive remonstrance to a progressive teacher: "You are provided with a school with 4 walls and a roof, and yet I hear you take the children out on walks, and actually have blackboard and desks moved out into the playground." Reference to the Inspector of Schools issued in a justification of the teacher by him and by the local doctor, both of whom explained to this ignorant gentleman that his own children would not only have a better chance of success in any walk in life, *e.g.*, agriculture, if their acquaintance with nature were a practical one, but would also be far less likely to develop such diseases as consumption, granular ophthalmia, adenoids, diphtheria and other forms of sore throat, if their lessons were in the open air. ...limate of Australasia renders actual open-air instruction ... than in India. We get a good deal of air in ... but no sun; and it is well to make use

of the garden and of the terrace whenever the great heat is over. Now schools are bound to follow a routine; and a school needs an energetic visitor from time to time, who will suggest new methods, and point out defects not realised by the habitual inhabitants. An earnest and amicable co-operation between teachers and doctors, with, at times, that of intelligent parents, would be distinctly to the benefit of all concerned. The medical inspection of schools, long compulsory at home in Government institutions, has been recently invited by many private schools, since parents, who pay, surely have at least as much right to hygienic precautions in schools and medical advice, as those whose children are educated by the State. In India, the fact that schools of all denominations require and receive grants-in-aid from Government, has enabled Government to require a modified medical inspection. At present schools are free to choose their own doctor, and to exact a small fee from parents. Many of our Catholic Schools—since, unlike Judas but like his Divine Master, they care for the poor—are in places far removed from any doctor, and could not possibly exact a fee for any purpose whatever! The need of volunteer Catholic doctors (or, of course, of Protestants wide-minded enough to care for suffering and for hygienic progress without regard to creed) is therefore evident. It is indeed foolish to insist too much on religious differences in medical matters; as would soon be found out if, for example, British soldiers inherited an Indian soldiers' camp, or a High Church community bought up an old convent, or an epidemic of cholera spread from a Protestant school to a whole neighbourhood. Well did St. Paul say: "None of us liveth to himself, and none of us dieth to himself."

Medical Charities in Catholic India.

Turning now to the question of the cure of disease, we state with joy that the Church in India has long built hospitals for the sick, and that her dispensaries, in the hands of her good and devoted nuns, are to be found in many places. At times, indeed, Orders, which are purely educational in Europe, practically run a dispensary for the poor in places which would other-

wise be without one altogether. The system of Government dispensaries is a wide one, and yet many places are still without them. In any case, though Government has managed in the 60 years of its existence (since the Mutiny saw the death of old "John Company") to turn out a large number of Indian practitioners of Western medicine, it has not aimed at (and not succeeded in) inspiring Christian notions into more than a small percentage. As the officials of a Secular Government are, in any case, largely Protestant, Catholic ideas of charity were not to be expected of those turned out by their Medical Schools. As a consequence, where Catholic and Government dispensaries exist in the same place, it is curious that the people often visit the nuns' dispensary first, and return to it even if the necessity for operative treatment has made them for a time patients at the dispensary attended by the Government operating Surgeon. I note the same experience in the report (1918) of a Zenana Hospital conducted by the Church of England. A woman-doctor writes: "This is the first time I have officiated at a Mission Hospital, and I no longer wonder at the preference the poor show for them." One does not wish to make invidious comparisons, but I am forcibly reminded of lines from Milton, whose "Paradise Lost" formed my Sunday recreation for many years in my childhood in Scotland:

> "Abashed the devil stood, and saw
> Virtue in sight how lovely."

Nuns and Protestant mission women-doctors have many qualities in common, which attract poor sufferers—personal holiness as a rule, sympathy and charity and love for the poor. "Blessed are the merciful for they shall obtain mercy."

A Visit to S. Martha's Hospital, Bangalore.

Bangalore is British territory so far as the military cantonments are concerned. The setting up of cantonments in any place is a compliment to its climate, and as Bangalore is 3000 feet above sea-level, its climate is a healthy one all the year round. It is in the State of Mysore which has, like most

things in India, an interesting history. The present ruling Hindu family (some 92 per cent of the population here being Hindu) traces its descent from a Hindu chieftain, who rose to power about the date of Oliver Cromwell. For thirty years, the Muhammadan usurper Hyder Ali and his son Tippu held sway. The latter died at Seringapatam in 1799, and the British restored the Hindu dynasty. In 1831, owing to the maladministration of the State, it was taken over by the British; and when the writer, in childhood, heard Bangalore mentioned by soldier relatives, who had been there, it was still British territory. Lately it has been handed back to the adopted son of the former Maharajah, under certain conditions. The Good Shepherd Nuns, therefore, who have conducted a benevolent work in the town for over fifty years, have seen many changes. All Catholic works seem to me to partake of the character of the Rock, on which the Church is built, and to go on in spite of human changes due to war, politics, or the lapse of time. The original work of the Good Shepherd Nuns is not hospital work, but work among the young, both of an educational and a reformatory nature. On the missions, however, people have all to cultivate adaptability; and as there was at one time no other hospital in the town, these white-robed sisters, who wear instead of crucifix a silver heart, came to the rescue and erected beautifully lofty and spacious wards, well separated by many yards of smooth green lawn and shady trees, capable of containing more than a hundred patients. In the East, the bed accommodation can always be multiplied for an emergency by at least three, owing to the native's absence of objection to sleeping on the floor. One great feature of S. Martha's is the absence of the bustle, so usually associated in our minds with that domestic Saint. The necessary operating is done by a Government Assistant Surgeon, a man; but it is not a main feature of the work, most of the cases, especially among the women, being medical. In many a crowded city hospital, with germs and dust blowing in at the windows, doctors and nurses would envy S. Martha's. A feature to be found there, and at most Nuns' hospitals, is a ward for sick

priests. I have seen a similar ward at the Hospital of the Sisters of Charity at Shanghai. What a boon to the sick man who has been so gallantly struggling along alone, with only a small box of tabloids, and a little elementary text-book to help him, are those private wards, clustering round an oratory, and not far from the larger chapel. There were five priests there on the day of my visit, 4 Frenchmen and one Indian. Two were recovering from enteric. Mysore is worked by the Paris Foreign Missions; it interested me therefore to hear that there had lately been with them a French priest of the same gallant society, all the way from the interior of China. His long sojourn in this fine and equable climate had quite cured, apparently, the pulmonary complaint which had attacked him in China. It might be thought, parenthetically, that the T. B. (tubercle bacillus) had little chance in countries with that great shining disinfector the sun, and the abundance of outdoor life. The great age of India and China, however, their teeming population, and the ignorance of hygiene and neglect of all sanitary precautions, makes tubercular disease as common as in the cold north of Europe. The improvement of the strain of animals killed for food is not studied here as it ought to be. Food is often poor, and frequently badly cooked, so that many of our missionaries, like the natives, suffer from mal-nutrition. I should like to see every European missionary, man or woman, taught the elements of dietetics and of practical cookery, before coming out. How can one teach a native cook what one does not know oneself? A dip into the Colonies, in between two sojourns in the East, has made me nowadays far better able to treat such questions, in my own household and those which consult me. To return to S. Martha's. Many of the patients are Christian. Some are even Protestants, who prefer the peace of the place to the bustle of a big Government hospital, so apt to be full of self-absorbed individuals. Perhaps, all unconsciously, the influence of the Blessed Sacrament present but unseen and almost unknown by them, affects them. There are some paying guests, for even nuns cannot make bricks without straw, and even our Lord desired (though

He did not require), for the feeding of the multitude, the poor loaves and small left-over fishes of the itinerant vendor, and a mere lad at that. There is a cheerful, friendly atmosphere; everyone seems to give one a welcome. One is conducted, as a favoured physician, to the convent infirmary. One would not guess from the bright faces of two young nuns (from other Missions of the same Order) that they also have caught consumption from native scholars or patients. It is in cases such as these, that a doctor is anxious to see more Catholic women coming forward with knowledge of all the hopeful, recent methods of combating this scourge, which lays low so many a young worker before she has had time to gather in her share of the plenteous harvest. True, the Catholic idea of death deprives such deaths of such an element of disappointment as attends them in Protestant institutions. Missionaries all have a great devotion to little Sister Teresa "of the Child Jesus and the Holy Face," because of her devotion to missionaries even in her life, a life whose only journey out of France was, I think, the one which procured for her the Holy Father's permission to enter the Carmel at Lisieux so young as fifteen. Much more are they certain of her powerful intercession for them, amid their arduous undertakings, now she has reached the land where intercession for others is exercised by all the Saints in union with the great High Priest. Still, the Church militant here on earth cannot spare its young teachers, catechists, and nurses; and needs badly medical help of the painstaking sort demanded by modern science, but afforded by fervent fellow-Catholics who have the Apostolic object of Missions at heart as well as the progress of their own art. The out-patient department of S. Martha's is especially interesting because it owes much to the help of three women who have, at one time or another during the last thirty years, obtained a medical diploma from the Government. Two of these wear the habit; one is a Tertiary (like the writer) and a good deal more free, therefore, to exercise her profession in all its branches, and without the impediments of habit or rule. It always seems to me that the entrance of a doctor into a religious order is a

test of whether the individual is *first and foremost*, by God's vocation, a doctor or a religious. No doubt a doctor can do much good in a large Order; but it must be recognised that he limits his professional power for good in so doing. Still more is this the case for women-doctors in the East, which most of all needs operative work among women, who prefer death to the ministrations of a man in sickness. What is wanted most of all, not only in my own opinion but in that of the highest ecclesiastical authorities in India, is an association of women-doctors "fervent in spirit, serving the Lord," full not only of compassion but of Apostolic zeal *and modern science*, ready to create their own hospital or to lend workers to help at Nuns' medical charities, according to local requirements; but not in any way hampered by special dress or religious rule beyond such as the Third Orders afford even to the married and lay people.

A Visit to a Dufferin Hospital.

Doctors are marvellously "catholic" in the modern secular sense of the word: and one great advantage of associating them with our own Mission work is, that it would be possible, and in fact almost incumbent on them, to visit other institutions than their own, whenever opportunity offered. To keep one's knowledge and art up to date, one should return to Europe from the East once in 7 years at least; and any scheme to supply women doctors for our Catholic Missions would have to keep a special fund ear-marked "Fares home to recruit strength and professional knowledge." The Government of India long ago recognised that little good medical and no good surgical work can be expected from a man who has spent even fifteen years in the East without going home, to acquire the steadiness of nerve, eye and hand, and the improvement of the quality of the Household Guards (the blood corpuscles) so essential if delicate operations are to be done and blood-poisoning avoided by the operator. Any medical officer of Government who can show that, on his 5 or 7-yearly visit home, he has taken a special course at X-ray work, pathology, eye or

throat specialities, and so on, very much improves his prospects of promotion. Even in the East itself, however, the Catholic doctor must lose no opportunity of visiting other institutions and consulting with other doctors, besides in turn welcoming visitors to his or her own institution. Only so can real progress be made, the mental powers be rubbed up, and professional enthusiasm kept alive. For this reason, the doctor must be free, and not tied down unnecessarily and vexatiously. This applies to women almost more than men. We are more home-keepers by nature, and need to keep ourselves up to the mark perhaps more than men. In addition, men usually have the stimulus of feeling that they must provide for a family, whereas most missionary women-doctors are unmarried.

Now for our visit to the Dufferin Hospital. Most Government hospitals in India open their doors early. Indians are early risers, like Catholics; it is Protestantism which has taught us English to lie in bed, just as, in the opinion of Indians, it has taught us to relegate our religion to Sunday only! But the Government doctor finds it convenient to visit her hospital early, as she is sure to be sent for later in the day for private cases, or to see them in her own home. Seven o'clock is a very ordinary hour to begin out-patients. Where one has a little Indian house-surgeon, one tends to leave these to her, and to proceed to the Wards to enquire after yesterday's operation cases, or to prepare for some big one necessary to-day. Some Surgeons delay operations till out-patients are finished, and no doubt out-patient work is extremely important. Many women refuse to leave their homes and live among strangers, especially white people, Christians, and those of lower caste, even for a night. One often has to operate and let them be carried away, and brought again daily for dressings. A refusal may drive away someone suffering from an early malignant disease, capable of cure. It is in such cases that a *doctor* at dispensary or out-patients is so essential. One may be driven, through lack of staff, to allow a *nurse* to see out-patients, instructing her to reserve all important or suspicious cases for one's own inspection. Some experienced and naturally observant women

do a good deal of diagnosis, even though only nurses, but nurses are not *trained* in the methods of discovering the nature and seat of disease, especially in internal troubles. Skill in diagnosis takes years to acquire, and some doctors are better operators than they are diagnosticians. It need not be feared that women as doctors will ever succeed in ousting women as nurses, and there will always be more required as nurses than as doctors. The wards of an Indian (or any Mission) hospital are always picturesque to the eye of anyone fresh from Europe, where hospitals are apt to be ruled with almost military precision. The brown faces, variegated draperies, the frequent preference of the floor as a place of repose, the almost necessary admission of mothers with sick babies, or even babies with sick mothers, all demand patience from the new-comer and a suspension of criticism. After years in the East, one could not stand the stereotyped conditions of the West. Indeed, there is much to tempt a young doctor to the Missions, and much to reward years of service. I have hardly met anyone who regretted having made choice of the East as their sphere of work. "A hundredfold more in this life" is the verdict of most missionaries, even Protestants.

One should have explained perhaps that the Dufferin hospitals are practically Government hospitals, but paid for by the contributions of rich natives, not out of the taxes. The proportion of European women from home, in this service, grows less each year; and with the lowering of the proportion of women brought up in Christian countries, goes an increase in the money-getting spirit, very noticeable to anyone who returns to India after a lapse of many years.

A Visit to a Protestant Mission Hospital for Women.

The Hospital belongs to the Church of England Zenana Mission. No men are admitted in any capacity whatever, to the purdah wards. Of course they may visit their own friends in the wards for low castes, or in the Protestant native Christian ward, or that for "Pariahs and Roman Catholics." Naturally

priests would not have allowed their people to go there if themselves forbidden to enter. The ladies live at a pleasant house close by, where of course they can receive medical men, who call to recommend patients to them, or any other visitors they wish. There is a fine tuberculosis (consumption) ward on the roof, and a good operating theatre. Muhammadan women have a ward to themselves, and a cook; and so have the Brahmin and other high-caste women. Much good surgical work of a really difficult order is done at all hospitals officered by British and American women-doctors. A Bible-woman lives with the nurses, helps the doctors to conduct prayers night and morning, teaches easy hymns to out-patients, and visits and instructs in-patients when the doctors are not in the wards. At present doctors are scarce; the doctor who has been here many years and made the place famous, has fallen ill and retired to a brother with land in British East Africa, where her zeal has already caused her to open a cottage hospital. The temporary doctor in charge, while awaiting one from England, is a rosy, hearty, capable young woman, born in Scotland but educated mostly in this country, first at a hill school and then at the excellent Government medical school at Lucknow. She is aided by an Indian sub-assistant surgeon. Happily she has a friend and companion of her own race in the English matron, who is a thoroughly trained nurse. The mission work includes work among out-patients. A book case showed a number of Gospels in Tamil etc., and other little books evidently tracts. Looking at their illustrations and the pictures on the wall, I could not help feeling the immense advantages of Catholics in the knowledge of teaching the soul through the eye. Even a pagan gets to know Jesus and Mary through the reiterated pictures and images of them, the same in all Catholic churches. They are represented in a way to excite devotion, while the pictures of a rajah in front of his ancestral pile embracing a dirty coolie kneeling in the road, conveyed, to my mind at least, a very poor ideal of God's love and forgiveness in the parable of the Prodigal Son. The rest of the pictures were of the English royal family, and I was forcibly

reminded of the saying of an Anglican uncle, "They talk of Mariolatry; but I myself should prefer it to Victoriolatry any day!" Still the fact remains that in many Protestant hospitals more is done to instruct enquirers than with us. Sometimes it arouses opposition, and often it is said to ears too ignorant and stupid to listen (for heathenism, and particularly perhaps Muhammadanism, has a most deadening effect on women's minds). Still, undoubtedly there are results, and I sometimes wonder if more conversions are not wrought in hospitals than in schools. I wish that convents which admit Protestant women as boarders would always leave some Catholic books accessible, and notices of chapel services; and also that convents at home would all have missionary magazines on their parlour tables. Prayer is a frequent feature in Protestant Mission Hospitals; and if Catholics introduce women-doctors to their Missions they must "see that enough time is provided for prayer." More than one medical woman has found that a Government post left her more time for prayer than work for a Convent. Here in the East we are a little apt to find it convenient to employ pagans or Protestants; at Baghdad I found a Jewish cook a nuisance on Saturdays till she suggested that I should have an Arab kitchen-maid and a Christian butler! I asked her what she would do if there were no Muhammadans and no Christians! As women-doctors would not be eligible for nuns' retreats, and their intellectual and spiritual requirements would hardly be met by a parish mission or quiet day, a special retreat for them would have to be arranged in any neighbourhood where there were several doctors. Otherwise surely the conductor of the nuns' retreat might be asked to give addresses on one day at least suitable for both the nuns and the doctor or doctors working with them. I emphasise this point, because apostolic zeal cannot be kept up without prayer, nor can people live together in peace without special grace. Doctors also have always and in every place a very special and heavy burden of responsibility, and to them also the Divine Voice says, "*Venite ad Me omnes qui laboratis et onerati estis, et Ego vos reficiam.*" Moreover time in chapel is time for quiet and physical rest, as

badly needed by the doctor as by anyone else. In urging young Catholic women to study medicine (and men also), I also urge the holding of quiet days for them frequently. Who can expect a missionary vocation to continue, if nothing be done to combat the secular spirit of a medical school, bent on scientific discovery, professional advancement, and eventually the provision for self and family, without any reference to God and His Church? Protestants encourage missionary students to live in special hostels where prayer and Bible study are encouraged, and such apostolic work as Sunday school teaching practised High Churchwomen have long had their special guilds for women-doctors with retreats and other means of grace supplied by clergy of a very spiritual tone. It is sometimes implied that as doctors deal much with the body, their minds must be of coarser fibre. The reverse is often the case. Is not S. Luke's Gospel that of the Virgin Mother? and was he not her chosen artist since she had no need of a physician till perhaps the hour of her Desolation?

Financial Considerations.

The subject of filthy lucre having been introduced, it is necessary to dwell on it shortly, especially in view of the fact that our missionary Bishops, Priests and Sisters are increasingly begging for the aid of Catholic doctors, both men and women. To many minds, there is no alternative between—(1) that of creating a new Order of Tertiaries absolutely free to practise every part of their profession, but belonging to an association which guarantees their support for life; or (2) a system of paying salaries raised in part by voluntary contributions from the Catholic public, and in part from any Mission or Community which might wish their aid. The first plan is more unworldly, and truer to Catholic tradition; the second perhaps is more practicable, under the present conditions. It must be remembered:—

1. Among Protestants the absence of the religious life leaves mission work as the only form of Christian service

which demands real sacrifice and appeals to followers of the Cross. Among Catholics, the most fervent of our Catholic girls usually enter religion. Those who are left are not anxious usually for any system except one of salaries and complete freedom.

2. The student's family has usually made sacrifices to ensure her medical education. The course is now 5 years in Europe, America or India. In India more devotion might fairly be expected: because (*a*) the Mission Nuns give education almost free, (*b*) the Government medical schools are practically gratuitous, (*c*) the Indian or Anglo-Indian is not asked to leave country, parents, friends, nor to learn a new language, nor to incur dangers of climate, since they have been getting acclimatised since their babyhood.

3. It must be remembered that especially since the war, doctors are scarce: the world in a sense lies before any one who qualifies at present or in the next 15 years in medicine; and girl students are so rare, that they must be thoroughly satisfied with the conditions offered, if they are to serve either Government or a Mission.

4. The initiated, who have watched the medical women's movement for years, know by this time pretty well what pitfalls to avoid. The medical path is beset with difficulties; the possession of money does indeed smooth some of these down. I can imagine, for instance, priest and doctor both called on a long, fatiguing cross-country journey, combining (say) train, boat and bullock-cart, ending with a walk; the priest, on arrival, though much fatigued, could probably manage his sacerdotal office; I much doubt if the doctor, especially if a woman, could perform a successful operation of any gravity without rest. She might, if she were of exceptional physique and young; but, in discussing the whole subject of women's work, we must remember that they do not remain young forever. The same might be said for men, but men seldom enter on any career without enquiring if it is likely to support (and for life) not only themselves but a family. Again, we must remember that

even if a woman-doctor does not usually have to maintain a family, neither will she have its advantages. On leaving her work, the unmarried woman has no one (especially if she be a Catholic mission-doctor or Government doctor in the East) to share her professional worries with. A man is consoled or fortified if he has a good wife. (God help the poor doctor-man who has not!) Moreover, as a medical man ages, he frequently has the help of a son or daughter he has educated to his own profession. Only married women-doctors have that privilege, and it must be said at once that the isolation of most Catholic mission stations would make marriage unlikely for any young medical woman.

In view of these facts, if she is not the member of an association pledged to support her for life, she must receive a fair salary. This salary must—(1) give her ample food sufficient to maintain the energy of brain as well as body;—(2) ensure her against overwork and fatigue, so far as possible, *e.g.*, provide her with a proper vehicle at her own command,—I know of women mission-doctors and others struck down by heat-apoplexy (sun-stroke) within a few months of entering a hot country, owing to their walking to cases in the heat of the day;—(3) an annual holiday to obtain rest from professional anxieties as well as the recruiting of physical health. This should, in these days of preparing children for competitive examinations and patients for modern operations, be given to *every* missionary; and if the home public were roused to a sense of its duty, it could be done: but no woman-doctor will last even 3 years without it. It is foolish to spend, say, £ 500 on a medical education and all the amount of time or energy required for a medical degree, only to die or come home as a "returned empty" under 3 years. (4) A supply of books and professional journals, of microscope necessaries, new instruments, etc. is necessary: and the amount to be spent on this item can be judged of only by the doctor herself. (5) The salary must be enough to secure her old age, unless a form of pension can be devised, perhaps through a Life Insurance Society.

A confraternity is evidently needed, and some such plan is in view;—money is needed, as well as the doctors. If it were once well started, it would gain some support in the neighbourhood. Many Protestant hospitals pay all their expenses, except the doctors' salaries, from private fees. Some of the Protestant doctors give back all fees to their Mission, even large fees: others give half. In India, any one in Government employ possessed of a University medical degree, receives at least Rs. 450 a month, sometimes with private practice in addition. English-born graduates receive from Government a good deal more—Rs. 500 to Rs. 1000. Protestant mission doctors regard themselves more as nuns do—servants of God for love and not for money. They prefer to speak of their salaries, therefore, as allowances. There is a great difference in the amount of these allowances. There is something to be said for the Scotch idea. They start, as usual, from the Bible, and our Lord's words, "Go, teach all nations." They hold that this command applies to all, and I have heard Missionary priests say that so, in a sense, it does. The Scotchman proceeds, with the logic of his race, to argue that if a man feels himself unfit for Mission work or tied by absolute duty at home, the least he can do is to pay the expenses of a substitute, in proportion to his own earnings. He further argues that to earn a large income himself and pay his substitute on the Missions a sum which will ensure only his bare subsistence, is very poor Christianity on his own part. He agrees that Missionaries should be self-denying, but holds that their self-denial should not be imposed on them by his own parsimony. He feels that he is as much called upon to deny himself for the Missionary cause as they. He therefore pays his substitute a fair average income and *leaves him to do his own self-denial.* One consequence of this is that many Scotch Missionaries out of their own income pay for improvements needed by their Mission. It is much quicker, say, for a doctor to order some new book or to engage a much needed clerk to register the admission of patients and relieve him from mere clerical work, without having to wait for sanction from a Mission treasurer-

Private charity can be done privately out of his own income, whereas alms out of Mission funds have to be accounted for and names given. Moreover the Scotch character is an independent one and does not stand too much interference. A sufficient income at his own disposal saves him from interference in his personal concerns. On the other hand, some Protestants, like those of the Salvation Army, particularly perhaps from America, hold quite Franciscan ideas as to poverty. One has seen them living in China on the pay one would give one's "Number One boy." They have to eat native food and wear native dress and even at times live in native houses. Undoubtedly this means grave danger to health; most of our convents are airy and well-built, and are becoming increasingly so from year to year. Such conditions as those of these Protestants starve the mind as well as the body; a supply of books and journals is impossible, and journeys to visit each other and maintain Missionary fervour become impossible. Even a S. Paul has to write, "God, who comforteth the humble, comforted us by the coming of Titus." (2 Cor. 7-6). One consequence is that such starved missions seldom attract the finest men; and many find the life impossible and leave it, sometimes for better paid and better worked missions, sometimes, by a reaction from such exreme poverty, for commercial employ. The great weakness of all Protestant missions, especially the women's, is their tendency to omit all reference to incapacitating sickness and old age. Only about 1 in 3 of the women missionary doctors marry; the pay of a few may be such as they can save a little from annually; but saving is difficult on a narrow income, for herself alone, and with so many poor around (quite unhelped by workhouses and Government institutions, and dependent entirely on the Missions of various denominations). Any plan adopted to bring Catholic doctors to the Missions should avoid these pitfalls. One way would be that of the New Zealand Government and of such bodies as the Shanghai Municipality towards their servants, *i.e.*, the deduction of a proportion of the nominal salary, to be paid into a Bank and given back after compound interest had been

added, at the expiry of the active service. Whatever is done, all tendency to make use of the doctor while young and strong, and to cast her off lightly for small differences of opinion, or because of ill-health acquired in mission work, must be avoided by us as contrary to the spirit of Christian charity. Even a secular Government sees that it will not attract good servants, unless it treats them fairly in the way of pay, leave, and pensions.

At the same time, it would be absurd for doctors on the mission to expect remuneration at Government rates. Government has a long purse; moreover the conditions of Government service are strenuous and strict and much hampered by regulations. Our missionaries are poor, and it would be inconsistent for our doctors to be rich. As marriage amongst our medical missionaries would not be very frequent, the incomes required would be less than is often the case with Protestants. I am myself in favour of a sort of Pious Association of Women Missionary Doctors with funds of their own, contributed by supporters at home, and arranging to lend out their doctors to various Missions which are prepared to pay a certain sum to the Association. This would enable the Association to make the superannuation deduction I have suggested previously. It would tend to a fair treatment of the doctors by the non-medical people who employed them. At the same time it would guarantee far more stability of the work than the direct engagement of a doctor in India or from home, to work with any particular mission. Missionaries have seldom the time, the energy, or the special knowledge required to select proper candidates; and a Direction at home, with one representative medical person in India (as local director of the Association), would, in my opinion, be necessary, in order to induce any number of really competent doctors to join. Parents also would feel happier at entrusting their daughters to an Association *of doctors*, than to a Mission they personally knew little of. The idea of a woman being thrown out of employment in the East is repugnant to all right-minded people, and of course could never be allowed.

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Indian-trained Doctors.

I have mentioned the possibility of engaging doctors *in India.* Government has been educating doctors for many years; besides the University degree M.B. and B.S. granted at Calcutta, Bombay, Madras and other places, there are minor qualifications such as Licentiate in Medicine and Surgery, and an inferior one, that of Licensed Medical Practitioners, which would not be recognised or registrable in the British Isles, but which still produce much good and useful work in the way of medical relief. People born and educated in India seldom have as good a physique, and as much grit, energy, and initiative as those brought up in a cold country. I have met exceptions. Indians and Anglo-Indians, on the other hand, have the advantage of acclimatisation and knowledge of the people and language. The L.M. & S. grade become Assistant Surgeons and receive from Government between Rs. 150 & Rs. 300. The L.M.P. grade receive between Rs. 50 & Rs. 150. Both of them double their pay by private practice, which they often get more readily than a European from home. The nearness of their relatives is another advantage.

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Now we must encourage our School Sisters and Superiors of Orphanages in India to prepare suitable girls to study medicine. For a long time to come, European doctors will be required *as heads.* There are several medical schools in India where girls study under women professors and with women students only. The pity is that most of these schools are wholly secular, and there are dangers to faith and even to morals. There is a great demand throughout India for girls trained at the Women's *Christian* Medical School at Ludhiana in the Punjab, founded 30 years ago by an old school-fellow as well as college friend of the writer, a Dr. Edith Brown. By this time she has turned out over 500 medical helpers of the L. M. P. type. They are called Sub. Assistant Surgeons. Her large hospital also trains many midwives and nurses. Only a selected few of these are allowed to remain at the end of their course, just enough to fill the vacancies caused by sickness, marriage, etc. The consequence is that India is very slowly

and gradually gaining by the exit of these nurses from this and other Hospitals, to practise midwifery and general nursing in the outlying villages; if they come from villages, they naturally return to their homes. Catholic hospitals tend to keep all those they train, as Tertiaries and helpers. This is a help to the nuns, and it is certainly a far safer life for the nurses concerned; but on the other hand it leaves the villages to Pagan and Protestant nurses, if to any, for most villages in India have at present no medical relief at all. At Bangalore the Bishop and Priests are most anxious to have a qualified doctor to organise medical relief in the many villages visited by their Priests. Midwives and nurses can do much if regularly visited. On one or two routes now, motor cars actually run. This practice will grow and a visiting doctor become increasingly useful. Such a doctor could be made Director in India of a large circuit of doctors: with help, she might edit a medical mission magazine. She would have every opportunity for most interesting photographs. She would need help, that of a Sister or non-medical friend, for instance. Protestants are giving up schemes for placing solitary unconnected workers here and there. Few can stand the mental and physical strain. At times the non-medical (teaching and preaching) members of the missions have thrown too much work on the doctor. It was found foolish to "kill the goose that laid the golden eggs"! I must repeat with emphasis that the Archbishop of Madras, the Bishop of Mysore, and all the clergy I have met are strong on the point that, to begin with and for many years to come, the directors and organizers of this movement will have to come from home.

A Visit to the Catechists of Mary Immaculate.

It has been my good fortune to visit these good Sisters—mostly French, though the first to welcome me was Irish—at two of their stations, Bangalore and Kumbakonam (Tanjore). They are wise to have combined the two, for the superb climate of the one supplements the hot climate of the other, which lies amidst rice-fields. Such a combination of climates in any mission circuit is essential if even a fair average of health is

to be maintained. At Bangalore the convent is small, but we were favoured guests for over a week. The Rev. Mother had just returned from one of those missionary tours in the surrounding villages, which are one of the great features of this community. Other Orders at times practise such tours, but this community has some advantages. They have few hospitals and therefore their best nurses are free for this village work and for their numerous dispensaries. Their habit is practically that of the English trained nurse, only all in white except in the house when a black cap is worn. They were founded by Mme. Carré de Malberg, and have a rule based on the teachings of S. Francis of Sales. Naturally they have much in common also with S. Vincent of Paul and Louise de Marillac, co-founders of the Sisters of Charity. Their habit is so ordinary that they cause no sensation among either Pagans or Protestants. Incidentally, if Catholic women-doctors come out, they had best adopt the "woman doctor's" uniform white blouse, skirt, and sun-helmet, with a coat for cold weather, and operation pinafore and cap in the operating room. It is essential that the woman doctor should avoid looking like a nurse. Nurses are under her orders, and the doctor being the superior officer should have, so to speak, officer's belt or an extra star, or crown! The patients must be taught to obey and trust the doctor, and a little difference in dress is advisable, as between doctor and nurse. Moreover, in visiting other hospitals, it would be necessary to show Government or Protestant Mission doctors that one was entitled to the courtesy of the profession. Doctors give each other privileges which they do not extend to nurses. In any case, the uniform I have described is as cool, clean, comfortable and workmanlike as any form of women's dress yet devised. The Tropics afford so much bodily mortification under the very best conditions, and it is so necessary for the doctor to keep her health, that it would be very foolish of her to give it any unnecessary trials.

At Kumbakonam the convent is much larger than at Bangalore. The first station of these missionaries in India was at Nagpore, where their work is mainly educational, as it

is partly at Bangalore also. Kumbakonam is about two hours by mail from Tanjore, where there is a Government hospital which the Sisters were asked to nurse during the war, showing the esteem in which they are held. There is practically no medical aid at the town of Kumbakonam except theirs. The rich Brahmins can afford to go, and even take their women-folk (in a ladies' carriage) to Tanjore: it is, as usual, the poor and especially the women who must have relief on the spot or suffer and die before their time. The Paris Foreign Missions put up a good hospital designed for lepers. The influence of any mission can always be gauged by the opposition to it. The Brahmins waited till it was built and then got the Municipality to object that it was too near the town. However, nothing daunts the countrywomen of the coming Saint—Joan of Arc: the Sisters bought it from the Fathers for a Hospital for women and children (most terribly needed—the cases are of the saddest), and the Fathers built a very nice leper asylum further out, where two of the catechists live. I visited this (driving with the Rev. Mother Superior and the Irish Sister in a queer little sort of governess-cart bewitched), and was delighted with the lovely situation amidst a grove of casuerina trees the Sisters had planted. At the convent they planted a grove of cotton trees, which in 20 years have come to the point of yielding them all the cotton needed for their mattresses and pillows. I have slept in many convents: give me these soft beds and French linen for a permanency. One feature at the leper asylum is a glorious, over life-size, statue of the Sacred Heart standing under a light canopy facing the lepers' wards, amid the casuerina trees, a dainty species of pine. Another delight is the lovely chapel, built according to the designs of a Belgian Father, now at home. There were only 3 women patients; it is, naturally, almost impossible to induce the women, unless homeless and destitute, to leave all they love. There is a law for the segregation of lepers, but like many laws in the East, it cannot be pressed at present. One man had a most pathetic expression; he spoke English. How true is it that "he that increaseth knowledge increaseth

sorrow!" There was only one boy of school age there, though at times there are children. It is very advisable that, in such a place, with a disease probably curable in the near future, there should be a resident medical officer.

The empty hospital for women is to be dedicated to St. Anne and a large pedestal awaits her in front of the entrance. The administrative block is over 100 feet long and some 60 broad, and I congratulate the woman-doctor whose apartments (with two Sisters) are to be on the roof of it. There are two fine wards, with some 20 beds in each, each sub-divided into 4 smaller wards for privacy. An operating room has been arranged, all glass, on the verandah. There is plenty of space in which maternity ward, kitchens, baths, morgue, etc., have already been erected. All that remains to be found is the woman doctor. Good St Anne, send her soon; or rather, dear Mother St. Anne, who had Joachim as your counsellor and assistant, send two or three; for one alone, even among kind Sisters and fellow-Catholics, would be professionally very much alone, and might also feel lonely in other ways.

Further opportunities before Women-Doctors.

One point must be mentioned in which women-doctors would be of great use, viz., in the instruction in hygiene of Indian nuns, and of native nuns in other countries. Such indigenous communities are not only useful, but necessary. It is seldom that Europeans gain such a knowledge of the many vernaculars, as to be able to teach school really effectively, especially in view of Government examinations. I have visited Indian nuns, who had an unusual percentage of their number most seriously ill. They have no European supervision except such as the already overworked Fathers are able to exercise. Now Indian parents are, as I heard a good Amercian Methodist doctor say of her Chinese, "just like folks": they will not spare daughters as religious in a teaching Order if the place does not seem conducive to health and fairly long life. Native nuns often

resent any advice given by European Sisters; but experience has shewn that women-doctors and native races get on very well together.

A further development is possible for an Association of Doctors. They might, besides lending their members to any Mission that asked for them and would contribute the lion's share of their maintenance, also start *hospitals* and *training schools* with contributions from the Catholic public, as is done in the case of Protestants; perhaps even eventually a *Catholic Medical School*, such as that of Dr. Edith Brown at Ludhiana. This would be a Catholic hospital, with no community in charge except the Association of Doctors. Many think that one secret of the great success of Women's Hospitals among Protestants is that they are the doctors' own houses. Dual control does not always answer; all women have not the supernatural grace which enables them to live and work together in peace. Even S. Paul had to write: "I beg of Evodia and I beseech Syntyche to be of one mind in the Lord." (Phil. 4-2.) Such a hospital, being conducted by an Association of Doctors free from a religious rule, could do many things otherwise difficult. Besides training schools or even a medical school, it could start *sanitaria* in healthy stations; there could be a bungalow for priests with a chapel open to all (every mission hospital founded means a sanctuary and altar, be it remembered), a convent which could be lent in successive years to different communities which had no house of their own in the hills, and a convalescent home for sick Catholics. At present sick children, and even nuns, are sometimes sent to hill schools. This is very hard on School Sisters, and not really advisable from a hygienic point of view. Schools are built and organised as schools, and are not suitable for hospitals. Such a sanitarium would provide a language-school in which newly arrived doctors could study the language for a few months before proceeding to duty in the plains;—an excellent American Protestant plan, which is worthy of imitation. It would also serve as a home in old age for doctors, who should have lived on the missions till all home-ties were broken and health would not stand retirement to a cold climate. "Thou

shalt rise up before the hoary head, and honour the face of the old man. I am the Lord," was a text we all had to learn by heart in our Scotch nursery.

Present Medical Efforts.

Some fifteen years ago Dr. Agnes McLaren, also a Scotch convert, founded a small hospital at Rawalpindi. After various vicissitudes—the lot of all pioneers—it came into the charge of the Franciscan Missionaries of Mary. It is in one of the Mill Hill dioceses. Great difficulty is experienced in realising the actual *raison d'être* of the Hospital, which was (in its foundress's eyes—I had much correspondence with her on the subject) intended to be a *Medical* Mission, in the modern acceptance of the word, *i.e.*, one with a doctor or doctors. One report states that the Sisters were "scouring India" in an attempt to procure a woman of even the most inferior qualifications. At present they have, I see by the report, no operating theatre. Only those holding superior diplomas are really qualified to operate. Government implies this by giving, besides the thorough University degree, a License in Medicine *and Surgery* as a second grade, and as a *third grade* the License of a *Medical* Practitioner only. However, one of these last, with the help of European Sisters, can do much to ease the sufferings of the people. The great thing is, as already said, to encourage our Schools, Orphanages, and Catholic parents to send their girls in for medicine, so that they may offer themselves gladly, and not leave Nuns to "scour India" for medical help.

At Bombay there is hope that a Maternity may soon be started under a local Catholic medical woman who has had years of experience at a fine Government Hospital, the Kama. This was the first hospital in India to be officered by women-doctors and has had a splendid record. Dr. Pechey Phipson, Dr. Macdonald and Dr. Annette Benson have had a long roll of successful operations of the gravest description. There is both a General hospital and a Maternity. It would be a grave mistake to think that women-doctors are only operating midwives. These ladies have done every sort of operati-

women and children can require. Of course, being a Government institution, and originally presented to Government by Parsis, no religion can be taught there. Most of the Government institutions for natives exclude our poor Indian Christians, because of some faint admixture of European blood. This is hard on them, as they cannot afford to pay for admission to the European hospitals. They usually eat as Indians and often dress as such. It is essential for Catholics to have their own hospitals, and in India they have very few.

At Madras, a capital idea has come to the many Catholic practitioners of the town. It is somewhat on the lines of the substitute, according to Scotch notions, alluded to above. The doctors wish to rent a house for a dispensary, and pay a young Catholic woman-doctor to spend three hours a day there, leaving her free the rest of the day for private practice. The house is close to a church, and the enterprise is of course under the sanction of the clergy. Children and dying persons baptized there can be easily placed under the spiritual care of the parish priest, which is not so easily done where the doctor is an isolated worker. It is hoped that this may grow into a small hospital, which will train Catholic girls as nurses and give *experience* to young Catholic girl-doctors, in succession, as house-surgeons.

Opportunities for Experience.

This subject is so important that it deserves a short section to itself. Medical work in the East is of a nature to tax an experienced surgeon. Young men and women should try to get a resident post at home before coming out. Protestants interested in missions early saw this, and appointed their young doctors to crèches, maternities, schools, orphanages, penitentiaries, long before municipal and other bodies took the matter of women-doctors seriously. Catholic charities at home are earnestly asked to do the same, with a view to giving young people the *confidence which experience brings*, before they go to the missions. They will find doctors of their own sex

useful in many ways, and Catholic medical *men* will soon be found to facilitate the matter, once the use of medical women to the missions is explained to them.

L' Envoi.

This month of October is a most suitable one in which to issue this little book. There are volumes and volumes of Protestant medical mission literature. This makes the third small pamphlet of the present writer on the Catholic side. I commend it, therefore, to the Queen of the Most Holy Rosary; our Mother of Bethlehem and Nazareth, and Calvary; to the holy Guardian Angels and especially S. Raphael; to S. Luke, "the most dear physician"; to one whose 39th anniversary it is, and who first set her daughter's feet on the path of the medical missionary, and to the paternal kindness which enabled me to realise her wishes—*Lux perpetua luceat eis.*—This is also (in this diocese) the feast of Blessed Margaret Mary, who so well knew the desires of the Sacred Heart: may she pray for us. Finally I beg S. Teresa to pray for this new movement, surely dear to her apostolic heart. To quote the office hymn for her day:

Regis superni nuntia
Domum paternam deseris
Terris, Teresa, barbaris
Christum datura, aut sanguinem.

If I may venture on a rude translation:

Teresa, herald of thy King,
Leaving thy home and everything,
To give to pagans Jesu's Faith
Or show thy love by martyr's death.

Oct. 17. 1919.

School Hygiene.

I. Need of the Study of Hygiene.—

Children are often punished or scolded for faults induced by ill-health. Again, examinations cannot be passed if they (or their teachers) are often laid up by illness. The seeds of serious ill-health may be sown at school. Most diseases are communicable, and spread more quickly in large institutions than in a family. It is therefore the teacher's duty to co-operate with parents and doctors in safeguarding their own and the children's health as much as possible. Books on School Hygiene are published and should be kept in every teacher's book-case, and read by all, young and old. Since new discoveries are constantly being made, a new book on family medicine or hygiene should occasionally be added to this book-case. Children should all receive lessons on hygiene and first aid; home-nursing and cookery should be added in girls' schools.

II. Purgatives, their Use and Abuse.—

Those who have kept pet animals know how seldom these require medicine. When they do, instinct teaches the creature to refuse food, to drink water, to take exercise, and at times to seek a vegetable diet. Human beings are too apt to fly to drugs, especially strong drugs and large doses.

1. Ascertain the cause, especially where many people in a house *all* suffer from constipation. Sometimes it is the diet that is at fault. Some forms of food are constipating, e.g., rice and other forms of starch, white bread, fried food, hard boiled eggs, boiled milk. Perpetual curry and rice is a constipating diet, unless plenty of vegetables and especially fresh fruit are added. Many children thrive better on milk diluted with barley-water or tea, than on pure milk. A weighing machine should be kept in each large institution, and used regularly. A register of weights should be kept. Any falling off is especially a sign of danger in a growing person. Often the method of co-

is bad; there is too much frying, or the fat used is bad. Frying is apt to render food very hard and indigestible. Plenty of fluid is necessary, not so much at meals as between meals. Many can take more easily a glass of hot than of cold water; weak cold tea is good where the water cannot be trusted. Children often do not get enough sugar, and a drink of sweet weak cold tea, even milk in the middle of the forenoon and afternoon, is often a great boon in hot weather.

2. Besides lack of fluid, lack of oil in the diet is a cause of constipation. Butter is dear, but olive oil, paroleine and kalol are also dear. Frequently "kitchen physic" is cheaper than drugs. Castor oil is better treatment for diarrhœa than for constipation.

3. Exercise is often neglected, by girls and women especially. Exercises which involve stooping, either in drill or in games, such as tennis and other ball games, often cure constipation.

4. Massage of the abdomen is used on babies, and with people in a condition of danger through neglect. The method should be learnt from a doctor or trained nurse.

5. Injections of oil, followed by warm water and soap, are frequently far too long delayed. If purgatives are not successful within 36 hours, injections should be tried. The can should be kept covered; it and the tube should be washed out with hot water before and after use; the nozzle should be cleaned and washed in boiling water immediately after use. These precautions are above all necessary in institutions.

6. Purgatives should be gentle; small doses repeated at intervals are far safer then a large dose. A doctor should be consulted on the matter of the best drugs for children.

III. Fresh Air, Ventilation.—Consumption.—

This disease is so terribly common in all countries, and each sufferer is such a source of infection to others, that every effort should be made to combat it. Its cause is a special -robe or germ, which is often conveyed by the material

coughed up by a sufferer, but also by meat infected by it, or milk from a tubercular cow. This germ is destroyed, like all others, by exposure to great heat, and by the oxygen in fresh air. People who are enfeebled by other diseases, by over-work, or lack of proper food, have less strength to fight against this germ, if once it is admitted into their system. The most important person in a household, in many ways, is the housekeeper and cook. The following hints should be observed :—

1. Sprinkle all floors before sweeping. No one should remain in a room which is being swept. It would be well, especially in times of plague, pneumonia, and influenza and in the rooms of consumptive patients, if the person who sweeps wore a clean piece of gauze (washed each time) over her mouth and nose. Sweepers often take round infection. Dust should be removed with a damp cloth.

2. All rooms should be well ventilated. In building, windows and doors should be on different sides, and a few windows placed fairly high up. No room should ever have all the openings shut. If, in very cold weather, or for fear of thieves at night, chapel or school rooms have to be closed, they should be aired for an hour before use, and also for an hour after use before being shut up. No room can be properly ventilated by only opening doors or windows on one side. There must be a cross draught. Even if this cannot be done during the whole of a service or a lesson, it should be done at intervals. Lack of fresh *moving* air produces at least sleepiness, stupidity and inattention ; it also much facilitates the spread of disease from one person to another. Warmly-clad people, especially when properly fed, do not "catch cold" easily, when used to fresh air. It is *germs*, not draughts, which give colds. Cold baths, or a dash of cold water after a hot bath, often prevent people catching cold easily.

3. Beds and desks should be well apart, especially in indoor rooms, and most of all in the case of the delicate or the sick. They should be kept very clean, bedding being frequently taken out to the sun and wind. In the case of sickness, special care is needed to disinfect the bedding before mixing it

the general linen. The desk of any who has been sick or had a skin trouble should be well cleaned inside as well as out. Lavatories should be kept scrupulously clean, and phenyle freely used in them.

4. Candidates for admission to an institution should, if possible, bring a doctor's report, or else be examined by a doctor on admission, at least their skin and throat should be examined by a competent person and their temperature taken. This is not necessarily in order to exclude them from the institution altogether; for it is sometimes possible to arrange special dormitories and even special school-rooms for delicate and doubtful cases. Special diet is needed for consumption. It must be nutritious—juicy meat and vegetables are good if they can be digested. Stewing, boiling, and roasting are better methods for the sick than frying. Some can only bear a semi-fluid diet, and need eggs, milk, beef-tea, milk-puddings. Oat-meal gruel and porridge are not enough used in India. Fresh air and exercise give an appetite, and also increase digestion. Cases with fever however need fluid diet and rest, but always in the fresh air, preferably on a terrace or roof. Under the treatment of fresh air and good food, few people get consumption and many consumptives, especially early cases, recover.

5. All expectoration in health or sickness should be received into a covered vessel in which phenyle is kept. The contents should be burnt daily and the vessel cleansed with boiling water.

6. Attention to the teeth helps to keep away consumption. People with painful or decayed teeth cannot chew well, and get indigestion. Their food does them little good, and so they lose strength to fight against the germs of consumption (and other diseases) when these come their way. A dentist should visit every institution at least twice a year. It is a great pity to remove any tooth that can be saved. Neglected toothache causes loss of sleep and inattention to work. Neglected decay may lead to abscesses, great pain, and even serious bone disease. All children should have tooth-brushes, renewed twice ...ear; these should be numbered, so that no child uses

another's. They should be kept clean. A mild disinfectant like boric acid solution can be used with powdered chalk, since other materials are expensive.

IV. Skin and Scalp Diseases of Children.—

The three chief such diseases are Ringworm (Tinea tonsurans), Lice (Pediculi), and Itch (Scabies). They are all communicable to adults, but children are more liable to them. It is foolish to scold children and call them dirty if we do not help them to avoid such troubles which are frequently the fault of the arrangements of the household.

1. Every child should have its own towel-peg, and shelf for its bath-rag and tooth brush, its own hair brush and its own comb and *tooth comb*. Where one tooth-comb is used for several children, no one need wonder at the spread of lice, or ringworm. Where a common towel is used, and where towels are not boiled at the wash—(disinfectants in the water should be used if boiling by the *dhobie* cannot be secured),—we need only expect one case of itch to give rise to a dozen. All three diseases are caused by living organisms. Ringworm is due to a fungus, a microscopic plant; itch, to a minute animal which burrows in the skin; lice, of couse, are animals. Both the itch parasite and louse lay eggs. It could be wished that children were more encouraged to keep poultry, silk-worms, canaries etc., and to grow plants and flowers. Such children more easily appreciate the cause of diseases and their cure. Pet animals need cleanliness, variety in diet, and regularity. Moreover, incidentally, these are fresh- air occupations. From the scholastic point of view they afford material both for arithmetic and interesting composition. From the professional point of view, they give children a taste for science.

2. Head-coverings should each bear the child's number. When a child leaves, its hat, cap or waterproof hood should not be given to another child without disinfection such as re-lining, washing, or sponging with a disinfectant, followed by long exposure to the sun. Pillow cases should always be boiled or [illegible] in phenyle-water.

3. When children arrive at a boarding school, it is usual to insist on bath and head-washing. Here a caution is necessary. Hot water and soap do not kill any of the three organisms. *Kerosene should be applied the very first day to all heads.* There is no time to tooth-comb all. Here in India, since travelling 2nd class and even 1st became so common, vermin is found which used to be confined to 3rd class. A child which left home clean may have become infected on the journey. One still hears occasionally the old superstition that lice originate from dust, or that certain children "breed them naturally." This is an absolutely exploded notion. If all heads are subjected to kerosene first day, and clean clothes put on immediately, (the old ones being soaked in phenyle at once), there will be no vermin left, to spread from one to another, by comb, cap, linen, or play. *It is no use to disinfect the heads, unless the hair-brushes and combs are disinfected at the same time by boiling-water and soda or ammonia.*

4. This matter is more serious than it appears. It has recently been discovered that parasites carry diseases. Typhus is a very fatal disease borne by the louse, as was shown very clearly during the war. Sometimes an epidemic of typhus starts in an orphanage; it has been spread from the child who first contracted it (very likely from a servant) to others by the louse. Plague, we know, is carried by the flea; malaria and elephantiasis by the mosquito. In addition, the scratching induced by all the three diseases, which are the subject of this paper, often leads to general eczema, and to infection of the skin (through the finger-nails) with the germs which cause pus. Children sometimes get serious abscesses behind the ears and at the back of the neck, due to the dirty condition of their heads. In any case, any school known to have this trouble, hurts its own reputation; and every effort should be made to cure it.

5. With regard to ringworm, it is sometimes conveyed by animals, especially the cat. Animals near or in a house should be kept clean and frequently inspected. Diphtheria and influenza can undoubtedly be conveyed by sick cats.

6. With regard to itch, it usually appears first on the hands. Children use swings, skipping ropes, pens, pencils

..mbles, needles, scissors, bats and balls; if these have been handled by children with itch on the hands, the disease is sure to spread. It is best for each child to have its own play-drawer or shelf, its own work-box etc. Where this is impossible, frequent inspection of hands should be practised, and hand implements dipped in phenyle and water or kerosene, if any ..ase is discovered on any hands. The rope of swings should ..ve a piece of washable cotton cloth attached.

Eyes.—

Three-quarters of the cases of blindness are due to preven-..e causes. Most are due to an inflammation or ophthalmia, ..rting from infection by some germ or other.

1. Never allow a child to rub its eyes. Its hands are prob-..y dirty.

2. If a child rubs its eyes, inspect them; if the least red, or if there is any yellow discharge, however slight, get medical advice.

3. Let *each* child have separate bath-rag and towels, but be specially careful over any child you see to have sore eyes. A special dormitory, or portion of the infirmary, should be reserved for such cases.

4. Children had better always use rag or soft paper, not handkerchiefs. Boys especially make their handkerchiefs intolerably dirty. All children lose them frequently. A large stock of small rags should be kept and served out, and a receptacle (washable) put handy to receive the soiled ones, which should be burnt. This is especially necessary during the prevalence of influenza, diphtheria, and ophthalmia.

5. As regards other eye troubles, watch for any signs of ..quint. It is sometimes the first symptom of convulsions or ..rain trouble; but much more usually means weakness of one ..r two special eye muscles.

6. Observe any child that has to hold its book very near ..r very far from its face or stoop to its desk. Note also if it ..lways holds a thing nearer one eye than the other. Such ..hildren need glasses.

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7. Headache in children chiefly means one of the ... ing:

(1) Constipation. (3) Eye-strain.
(2) Indigestion. (4) Over-work.
(5) Over-excitement, from severe punishment, fo example, or too noisy play.

VI. Ears.—

The anatomy of the ear should be studied by all te... A few children may be born deaf, but most deafness pr... from the throat. A child with ear-ache should have its ... examined and probably painted. Heat relieves many p... ear-aches, but anything persistent or extreme should be rep... to the doctor. So should any discharge from the ear. B... the ears has sometimes led to the rupture of the drum ... ear. The head should never be struck. If a child has ... punished, some form of punishment which cannot in...e should be adopted. Most naughty children require a purg... a great many require quiet and perhaps some extr... Their nerves may be out of order.

VII. Work.—

1. Study should not be continued right up to a ... or right up to bedtime. Neither should it be resumed imm...ately after food. Nor should a stooping posture be a... for at least an hour after food, especially in anyone sub... indigestion.

2. Any child who is habitually stupid or careless s... have its eyes and ears examined, also its teeth, the amou... its sleep and its appetite. Such a child needs medical atte...

3. A child who has been bright and intelligent, and ... denly fails, may be suffering from overwork, or is sickeni... an illness. It is as reprehensible to punish children ... off for stupidity, without enquiring into its cause, as it ... for a doctor to perform an operation, or write a pres... without examining the patient.

4. Some stupidity of children is due to the teach... ...lisation of that particular child's mental powers...

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